



STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT
DIVISION OF CORPORATIONS, BUSINESS & PROFESSIONAL LICENSING
DIETITIAN LICENSING
P.O. BOX 110806
JUNEAU, ALASKA 99811-0806
E-mail: license@alaska.gov

DIETITIAN APPLICATION INSTRUCTIONS

The documents listed below must be on file with the department before you can be considered for licensure as a dietitian:

1. Completed, notarized application and fees as follows:
 - ◆ Nonrefundable application fee \$ 50.00
 - ◆ License fee \$ 200.00
2. Official verification of registration mailed directly from the Commission on Dietetic Registration (CDR). The CDR may be contacted at (312) 899-0040 ext. 5500 or (800) 877-1600 ext. 5500.
3. Official verification mailed directly from each state licensing authority where a license, certificate, or registration is or has ever been held. (License Verification Form 08-4400a)

SOCIAL SECURITY NUMBERS

In accordance with AS 08.01.060(b), a license may not be issued by the department to a natural person unless the applicant's social security number has been provided. If you do not have a social security number, contact the division for further instructions.

RENEWAL INFORMATION

Licenses issued under this program will expire December 31 of odd numbered years (i.e., December 31, 2009, etc.), regardless of when first issued. Licenses issued within 90 days of the expiration date will be issued through the next biennium. One renewal notice will be mailed, 30 days before license expiration, to the last known address of record.

BUSINESS LICENSES

A business license is required if you are self-employed or acting as an independent contractor. Please contact Business Licensing at (907) 465-2550 in Juneau or (907) 269-8160 in Anchorage or you can access the Internet at <http://www.commerce.state.ak.us/occ/buslic.htm>.

PAYMENT OF CHILD SUPPORT

Alaska Statute 25.27.244 requires the Division of Corporations, Business and Professional Licensing to deny issuance of the professional and occupational licenses of any person reported by the Alaska Child Support Services Division (CSSD) as not in substantial compliance with a child support order. If this office is notified by CSSD that you are not in substantial compliance with a child support order, you may be issued a nonrenewable, temporary license valid for 150 days. Contact Child Support Enforcement at (907) 269-6657 if your last name begins with A through M; contact (907) 269-6845 if your last name begins with N through Z, or 1-800-478-3300.

PUBLIC INFORMATION

Please be aware that all information on this form will be available to the public, unless required to be kept confidential by state or federal law. Information about current licensees, including mailing addresses, is available on the division's website at www.commerce.state.ak.us/occ under "Professional License Search".

Professional Fitness (AS 08.38.040)

All "yes" answers to the following questions must be explained in detail on a separate sheet of paper. Please attach official documents as appropriate.

	YES	NO
1. Have you ever engaged in deceit, fraud, or intentional misrepresentation in the course of providing professional services or engaging in professional activities?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been disciplined by any state board or professional association concerning the profession for which you are applying?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been the subject of an inquiry or under investigation by any state board or other licensing agency concerning a violation or alleged violation of any state regulation, statute or law, for any violation or alleged violation of unprofessional or unethical conduct pertaining to the profession for which you are applying?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever had your professional license suspended, revoked, reprimanded, or otherwise acted upon?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever engaged in lewd or immoral conduct in connection with the delivery of professional services?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever been convicted of a felony or misdemeanor, other than minor traffic violations under the laws of local, state, or federal jurisdiction of the United States or any other country?	<input type="checkbox"/>	<input type="checkbox"/>
7. Within the past five years, have you been or are you addicted to, or excessively used or misused, alcohol, narcotics, barbiturates or habit-forming drugs?	<input type="checkbox"/>	<input type="checkbox"/>
8. Within the past five years, have you been or are you being treated for, or hospitalized for, emotional or mental illness, drug addiction or alcoholism?	<input type="checkbox"/>	<input type="checkbox"/>
9. Within the past five years, have you had or do you have any disability or illness which could affect your ability to safely practice as a dietitian?	<input type="checkbox"/>	<input type="checkbox"/>

Please be aware that all information supplied with this application will be available to the public, unless required to be kept confidential pursuant to state or federal law.

I CERTIFY THAT THE STATEMENTS IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND ANY FALSE INFORMATION MAY RESULT IN FAILURE TO OBTAIN LICENSURE AS A DIETITIAN IN ALASKA, OR SUBSEQUENT REVOCATION OF MY LICENSE.

Signature

ATTACH RECENT PHOTOGRAPH
(Taken within the last
six months)

Date of Application

No larger than 3 x 3

NOTICE: Portion of the Notary Seal must overlie the photograph.

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20_____

NOTARY SEAL

Notary Public

My Commission Expires: _____

State of Alaska
Department of Community and Economic Development
Division of Corporations, Business, and Professional Licensing
Dietitian Licensing
P.O. Box 110806, Juneau, Alaska 99811-0806
(907) 465-2580
E-mail: license@alaska.gov

VERIFICATION OF LICENSURE

APPLICANT: COMPLETE TOP HALF OF THIS FORM AND FORWARD IT TO ALL STATES WHERE YOU ARE OR HAVE BEEN LICENSED.

I am applying in Alaska for a license to practice dietetics. Alaska requires certification of the status of my license in each jurisdiction in which I hold or have held licenses.

Last Name	First Name	Middle	Social Security Number
Mailing Address			License Number
City	State	Zip Code	Daytime Telephone: _____

I hereby request and authorize the State of _____ to provide any and all pertinent information requested in this form to the Alaska Division of Corporations, Business, and Professional Licensing to complete an application filed with that agency.

Applicant Signature	Date
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TO STATE BOARD Please complete the bottom half of this form and return it **directly** to the Alaska Division of Corporations, Professional, and Business Licensing at the address listed above.

Licensing Jurisdiction: _____

License Type: ☐ Dietitian ☐ Nutritionist ☐ Other: _____

Name of Licensee: _____

Licensed By (reciprocity, examination, etc.): _____ License Number _____

Original Issue Date _____ Expiration Date _____ Periods of Lapse _____

Has the license ever been revoked, suspended, placed on probation, or restricted in any way? ☐ Yes ☐ No

Has the licensee ever been the subject of an unresolved complaint, review procedure, or disciplinary action?

☐ Yes ☐ No If yes, please enclose an explanation or documentation.

Comments: _____

SEAL

Name _____

Signed _____

Title _____

Date _____